

## MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043717

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 280

Primary Registration District No. \_\_\_\_\_

Registrar's No. 82

FILED NOV 30 1962

## 1. PLACE OF DEATH

a. COUNTY

Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Fair Township

Length of stay in 1b

69 Years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION3 Miles West of  
Platte City, Mo.

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Platte

admission)

c. CITY

OR  
TOWN

Platte City

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

None

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

John M.

Middle

Matthew

Last

Renz

4. DATE

OF  
DEATH

Month

November

Day

24

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐

## 8. DATE OF BIRTH

3-31-1893

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farm

## 11. BIRTHPLACE (City and state or country)

Platte County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John M. Renz

## 13b. MOTHER'S MAIDEN NAME

Rose Hettich

## 14. NAME OF HUSBAND OR WIFE

Lillian Renz

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Mrs. Lillian Renz

## Address

Platte City, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

## DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.Myocardial Infarction  
Coronary Artery DiseaseINTERVAL BETWEEN  
ONSET AND DEATH

10 minutes

Yours

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Atrial Fibrillation

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from \_\_\_\_\_ 1960, to \_\_\_\_\_ death

Death occurred at \_\_\_\_\_ 3 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

C. R. Rollins

## (Degree or title)

## 22b. ADDRESS

Platte City, Mo.

## 22c. DATE SIGNED

11-26-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11-26-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Platte City Cemetery

## 23d. LOCATION (City, town, or county)

Platte City, Missouri

## 24. FUNERAL DIRECTOR

Tommy R. Rollins

## ADDRESS

Missouri

## 25. DATE RECD. BY LOCAL REG.

Nov 26, 1962

## 26. REGISTRAR'S SIGNATURE

Lillian Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

10830

20830

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 90-0

13 1-0

JAN 8 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ernest J. Rollins*

Licensed Embalmer No. 5110

P. O. Address

*St. Louis City Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.—

If this body is not embalmed, fact should be so stated above.